BOS AGREEMENT NO. 20-074-AZ

# THIRD AMENDMENT TO STANDARD AGREEMENT NO. PH-19-078, PA NO. 20-125

This third Amendment to Agreement No. PH-19-078, PA No. 20-125 is entered into this <u>18</u><sup>TT</sup> day of <u>Accest</u>, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Mendocino Café**, hereinafter referred to as "CONTRACTOR".

WHEREAS, original Agreement No. PH-19-078, PA No. 20-125 was entered into on May 12, 2020; and

WHEREAS, first Amendment, BOS Agreement No. 20-074, was entered into on June 10, 2020; and

WHEREAS, second Amendment, BOS Agreement No. 20-074-A1, was entered into on July 14, 2020; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in the second Amendment, BOS Agreement No. 20-074-A1 from August 9, 2020 to September 9, 2020; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in the second Amendment, BOS Agreement No. 20-074-A1 from \$269,500 to \$389,500; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to increase the number of participants and meals served by CONTRACTOR.

NOW, THEREFORE, we agree as follows:

- The termination date set out in the second Amendment, BOS Agreement No. 20-074-A1, will be extended from August 9, 2020 to September 9, 2020.
- The amount set out in the second Amendment, BOS Agreement No. 20-074-A1, will be increased from \$269,500 to \$389,500.
- CONTRACTOR will serve approximately one hundred fifty-six (156) meals per day to approximately fifty-two (52) eligible program participants in Mendocino, CA and surrounding areas.

All other terms and conditions of original Agreement No. PH-19-078, PA No. 20-125, first Amendment, BOS Agreement No. 20-074, and second Amendment, BOS Agreement No. 20-074-A1, shall remain in full force and effect.

Aug 07 2020 11:35AM HP Fax

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#### IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Mary Alice Willeford, HHSA Assistant Director

Date: 8-6-2020

Budgeted: Yes No Budget Unit: 4071 Line Item: 86-2189 Org/Object Code: IG Grant: Yes No Grant No.: COUNTY OF MENDOCINO

By: See Page 3 JOHN HASCHAK, Chair BOARD OF SUPERVISORS

Date:

ATTEST: CARMEL J. ANGELO, Clerk of said Board

By: See Page 3

Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: See Page 3

Deputy

## INSURANCE REVIEW:

By: See Page 3

**Risk Management** 

Date:\_\_

#### CONTRACTOR/COMPANY NAME

By Mired n mi

Meredith Smith

NAME AND ADDRESS OF CONTRACTOR:

Mendocino Café

PO Box 1054

Mendocino, CA 95460

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

#### COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS, County Counsel

By: See Page 3

Depu

Date:

#### EXECUTIVE OFFICE/FISCAL REVIEW:

By: See Page 3 Deputy CEO

Date:

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed Mendocino County Business License: Valid Exempt Pursuant to MCC Section:

## IN WITNESS WHEREOF

**DEPARTMENT FISCAL REVIEW:** 

By: TV Mary Alice Willeford, HHSA Assistant Director

Date: 8-6-2020

Budgeted: 🗌 Yes 🛛 No Budget Unit: 4071 Line Item: 86-2189 Org/Object Code: IG Grant: Yes X No Grant No.: COUNTY OF MENDOCINO

Bv:

JOHN HASCHAK, Chair BOARD OF SUPERVISORS

AUG 2 0 2020 Date:

## ATTEST:

CARMEL J ANGELO, Clerk of said Board

B AUG 2 0 2020

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO. Clerk of said Board AUG 2 0 2020 Deputy

**INSURANCE REVIEW:** By: **Risk Management** 08/07/2020

Date:

#### CONTRACTOR/COMPANY NAME

By: See Page 2

Meredith Smith Date:

NAME AND ADDRESS OF CONTRACTOR:

Mendocino Café

PO Box 1054

Mendocino, CA 95460

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

## COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS, County Counsel

Bv: Deputy

Date: 08/07/2020

EXECUTIVE OFFICE/FISCAL REVIEW: ancia By: Deputy CEO

08/07/2020 Date:

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed 21-11 Mendocino County Business License: Valid 🕅 Exempt Pursuant to MCC Section: \_